Admission Request

Drumheller society for recovery (Grace House) Box 1785 175 3rd Street West, Dumheller, AB T0J 0Y0
Phone: (403) 823-5437 fax: (403) 823-7468 email: counsellor@grace-house.ca

The Grace House offers a 90 – 120 day inpatient residential treatment program for adult males overcoming their problems with alcohol or other drugs. We are a program of complete abstinence, emphasizing the 12 steps as an individual path to sobriety and recovery

Date received:	Admission Ranking comments (staff use only)
Phone Fax In person	

Part 1: Identification Information			
Last Name:	First name:	Middle name:	
Address:			
City:	Province:	Postal code:	email:
Phone:	Alternate Phone:	Emergency contact:	Contact Phone:
Date of birth:	Age:	Marital status:	Dependants:
Where were you born:		Last grade completed in School:	
Do you have a valid Alberta drivers license?		Are there any restrictions or infractions on it?	
Do you have a SIN card?		Do you have an Alberta provincial health care card?	

Part 2: Referral and treatment Information

Note: Applicant must have a full 5 days of complete abstinence from drugs and alcohol prior to admission. No exceptions will be made to this criteria. All applicants are required to submit to a drug/alcohol test upon arrival and will be refused admission if they fail a test, refuse a test or show signs of recent use. All applicants should also note that there is a zero tolerance policy within our admission policy in regards to any clients who are on ANY mood altering medications. These medication include but are not limited to: SUBOXONE, METHADONE, LITHIUM, ABILIFY, ect.

Referral source:	Agency Contact:	Phone:	Fax:
I do hereby authorize the Grace house and the referring agency to share and verify any and all confidential information regarding this application and any information pertaining to my treatment history		Signature:	

In the following section please provide details of most recent residential treatment facilities for drug or alcohol abuse:

Institution:	Approximate dates:	Reason for treatment:	If you failed to complete the program provide reason:

How many residential treatment programs have you attended?	How many of these programs have you completed?
What drug or alcohol problem are you seeking to recover from?	How long has this been a problem for you?
How long did you remain alcohol, drug or gambling free after treatment?	What are your reasons for wanting to attend residential treatment at this time?

Describe in detail how your drinking, drug taking and/or gambling has affected you and your life? (e.g. effects on family relationships, employment, health, social life, etc.)

Other than alcohol, substances or gambling, what are other concerns that you may wish to address while in treatment?

Do you have any concerns or challenges that may require additional support while you attend residential treatment programming? (e.g.reading and writing English, wheelchair accessibility, hearing difficulties, problems with stairs and long corridors)

Drug (alcohol, cocaine, opiods, ect.) and how used (ingested, injected, snorted, ect.)	How often was your usage? (daily, weekly, monthly)	Amount used:	Date of last use: (mm/dd/yyyy)

Part 3: Health and Medical Information

The Grace House is not a medical facility and may decline to admit men whose mental and physical concerns are beyond our capacity or scope as an organization to treat men and their issues with addictions. Any health concern that is not disclosed or documented may result in the resident being discharged or refused admission. Residents must be able to walk, feed, dress, bathe and care for themselves.

Are you on any medications? Yes No

If you are on medication, Please indicate what medication and for how long. Include herbal remedies, over the counter medications, vitamins, laxatives and diet aids.

Medication / Dose	Route of delivery	Frequency	Reason	Start date	End date	Prescribing Physician	Phone number

The Grace House incorporates daily work as part of our programming. Do you have any medical or other reason that you cannot participate on the Odd Job Squad? Yes No

If yes please indicate why:

Have you ever experienced or been diagnosed with any of the following (Please check all that apply)

Psychosis		Schizophrenia		Learning disability	
Depression		Bipolar		Fetal alcohol syndrome	
Suicide attempts		Borderline personality		Other	
Post traumatic stress		Self harm			
Anxiety/panic attacks		ADD/ADHD			

Do you have any current health concerns such as listed below (Please check all that apply)

Trouble walking		Staph infection		Tuberculosis	
Hearing/vision problems		High blood pressure		Kidney or liver problem	
Arthritis/pain problems		Low blood sugar		Scabies/lice/mites	
Asthma/allergies		Diabetes		HIV/AIDS	
Breathing problems		Heart problems		Sexually transmitted	
Hepatitis		Epilepsy/seizures		Sleep apnea	
				others	

Do you have any allergies? *(medications, foods, environmental)*

Describe current medical concerns (e.g. chronic health issues, recent surgery, injuries, pain, etc.)

Have you ever experienced mental health concerns? (e.g. panic attacks, hallucinations/delusions, uncontrollable rage, mood swings, mental illness, etc.)

Describe in detail how the above concerns affected you or others both in the past and currently. If currently under the care of a doctor/psychiatrist/psychologist, complete boxes below

Doctors name:	Phone number:
Doctors name:	Phone number:
Doctors name:	Phone number:

Doctors name:	Phone number:

Medication Payment If you are on medications, how will you be paying for them? *Ensure you have file/policy numbers available to support medication payment if required*

Alberta Blue Cross		Other private insurance		FNIHB	
AISH		Alberta Works			
Self-Partial					
Cash		Certified Cheque		Visa or Mastercard	
Self-Full					
Cash		Certified Cheque		Visa or Mastercard	
Health Canada		Indian Affairs			

Have you had any thoughts of suicide or self-harm?

Part 4: Legal information

The Grace House does not accept residents who are on parole. If on probation matters need to be transferred to local to local office or dealt with via telephone. If you have any outstanding charges, these should be dealt with or deferred prior to admission. Time is not provided for attendance to court. Failure to disclose any legal issues could result in refusal of admission or dismissal from program.

Have you in the past been charge with a criminal offence. If so please indicate below:

Offense :	When? (mm/yyyy)	Disposition:

If applicable, list upcoming court dates:

Are you currently incarcerated/in jail? If yes which institution?

Are you on Probation, Temporary Absence or Parole?

Type of Offence Name of Parole/Probation Officer	Parole/Probation Officer's Phone Parole/Probation Officer's Agency/Office

Is there anything else you feel we should know?

Part 5: Agreement & Disclosure

What is your source of income? (please check all that apply)

		AISH		EI	
Social services		Employment		Pension	

Carefully read the following:

I acknowledge that all information is true and correct to the best of my knowledge. Failure to disclose accurate and complete information may result in my inadmissability or discharge from the Grace House program. I understand in order to be admitted to residential treatment, I must remain alcohol and drug free for at least five days (length of time may vary based on assessment) prior to my admission date, and be well enough to participate in the program. If I arrive under the influence of alcohol or other drugs, or in withdrawal requiring clinical intervention, I will be referred to an appropriate detoxification setting before treatment. I understand Grace House is not responsible for my transportation or any other personal costs I may incur *(e.g. approved medications)* while I am in treatment. I will bring and give to staff all medications I am taking.
I understand I **cannot** schedule **any** appointments (legal, dental, medical or personal) for the period while in treatment. I must focus on my treatment program. I understand and agree to accept and attend all components of the treatment program as prescribed by AHS, including all workshops, lectures, leisure and group counseling sessions.
The personal information collected by this application is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and section 20 of the Health

The personal information collected by this application is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and section 20 of the Health Information Act and will be used and disclosed by AHS for verifying the statements in this application and for determining admission to Residential Adult Addictions Treatment Program. If you have questions about this program, call one of the treatment centres. If you have any questions about AHS' privacy policies and practices, contact Information and Privacy at 1-877-476-9874. You may also write to Information and Privacy at
10301 Southport Lane SW, Calgary, Alberta T2W 1S7 or email us at privacy@albertahealthservices.ca

Signature: Date:

Part 6: Contact information

Please provide contact information of where you can be reached if we have a bed available

PRIMARY CONTACT	PHONE NUMBER:	Name in Full:
SECONDARY CONTACT	PHONE NUMBER:	Name in Full:

WAITING LIST: Once you are on the waiting list, YOU ARE REQUIRED TO CALL IN ONCE PER WEEK. If you do not call in, you will be removed from the waiting list.
BED OFFERS: When a bed becomes available, we will call the last contact number you have left. YOU WILL HAVE 24 HOURS TO REPLY. If you fail to respond, we will move on to the next name and you will be removed from the waiting list.
If you connect with the Answering service when calling to check in or respond to a bed offer, please leave your name, number and reason for calling. THIS WILL ENSURE THAT YOUR RESPONSE IS RECORDED IN TIME.

Part 7: Restricted Medications

Please note: The below medications are either Restricted or Prohibited by the Drumheller Society for Recovery. Clients who are on the below listed medications may be asked to find an alternate medication or will not be permitted to have said medication while enrolled in programing at the Grace House.

COLD, ALERGY AND ASTHMA	**PAIN MEDICATION**	**ANTIPSYCHOTIC**	**BARBITURATES**
Benadryl	Fentanyl	Clozapine	Phenobarbital
Chlor-Trimeton	Moriphine	Olanzapine	Seconal
Tavist	Codine	Phenytoin	Meprobamate
Dimetapp Elixir	Percodan, Percocet, OxyContin	Risperidone	**MUSCLE RELAXERS**
Bronkaid, Primatene	Vicodin, Vicprofen, Loratab	Penobarbatol	All
Tylenol Cold & Sinus	Dilaudid	**DIET MEDICATIONS**	**PSYCHIATRIC MEDS**
Advil Cold & Sinus	Darvon, Darvocet	Sibutramine	Diazepam
Claritin-D	**ADHD MEDICATION**	Phentermine	Oxazepam
Theraflu	Ritalin	Dextroamphetamine	Alprazolam
Reactin	Adderal	**SLEEP AIDS**	Midazolam
Robitussin DM	**CANNABIS**	Chloral Hydrate	Lorazepam
	All forms	Zolpidem	Clonazepam
		Zaleplon	

Part 8: 3rd party Medical forms

Please note: The below forms must be completed by a medical exmainer and submitted with your application prior to the client interview process.

Applicants name:

Alberta Healthcare number:

Are you the Applicants regular Physcian?

A. Medical History: (explian any "Yes" responses in Section. B)

	Diagnosed		**Tested**		**Comments**
	Yes	**No**	**Yes**	**No**	
Central Nervous System Disorder					
Chronic Brochitis					
Asthma					
Heart problems Current BP					
Gastrointestinal problems					
Pancreatic problems					
Kidney or urinary problems					
Diabeties					
Epillepsy					
Tuberculosis					

Chronic pain					
Eating disorders					
Sleep disorders					
Withdrawl symptoms					
Mood disorders (e.g major depressive disorders)					
Psychotic disorders					
Liver problems: Hepatitis B & C					
HIV/AIDS					
Sexually transmited diseases					
Allergies					

Any other medical problems not listed:

B. Are there any specific problems that should be considered in the treatment of this Applicant:

C. Current Medications

Please list current medications (including perscription medications and over the counter drugs) you are aware that the applicant is taking. Please note that no mood altering medications will be allowed in residential treatment unless perscribed and monitored by a psychiatrist for managment of mental illness.

Medication / Dose	Route of delivery	Frequency	Reason	Start date	End date	Clinical indication

Reminder to physician: For the applicant's safety and wellness when in residential treatment, please arrange with his pharmacy for compliance with packaging of medication to take to treatment and perscribe sufficient quantities for the duration of the treatment.

Is the appliciant stabilized on Medication?

In the past six months has the applicant been using the medication appropriatley?
If No then please explian:

Physcians Name:

Telephone number:

Date:

Address:

PRAC ID:

Fax:

Physcians signature:

Date:

Physcians stamp: